

Line

1 Public Employer: City of Absecon

2 Employee Organization: PBA Local #77

3 Base Year Contract Term: 1/1/2012 - 12/31/2015

4 New Contract Term: 1/1/2016 - 12/31/2019

Number of Employees in Unit: 24

5	<input checked="" type="checkbox"/>	Contract settled without neutral assistance
6	<input type="checkbox"/>	Contract settled with assistance of mediator
7	<input type="checkbox"/>	Contract settled with assistance of fact-finder
8	<input type="checkbox"/>	Contract settled in Interest Arbitration

Yes ☐ No ☐

10	Salary Costs in base year	\$	1722556
11	Longevity Costs in base year	\$	26698
12	Other base year salary costs		
		\$	
		\$	
		\$	
		\$	
	Sum of "Other" Costs Listed in Line 12.	\$	0
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$	1749254

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$ 1749254

	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	<u>1/1/16</u>	<u>1/1/17</u>	<u>1/1/18</u>	<u>1/1/19</u>	<u></u>	<u></u>
16	Cost of Salary Increments (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
17	Salary Increase Above Increments (\$)	<u>63385</u>	<u>83479</u>	<u>67751</u>	<u>81046</u>	<u></u>	<u></u>
18	Longevity Increase (\$)	<u>6863</u>	<u>640</u>	<u>594</u>	<u>1952</u>	<u></u>	<u></u>
19	Total Increased Cost for "Other" Items (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
20	Total Increase (\$) (sum of lines 16-19)	<u>70248</u>	<u>84119</u>	<u>68345</u>	<u>79094</u>	<u></u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 301806 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 17 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 4 % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

		←Increases→						
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Uniform	27600	27600	27600	27600	27600		
	Education	24800	24800	24800	24800	24800		
25	Totals (\$):							

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 368726	\$ 380383
27	Prescription Plan Cost	\$	\$
28	Dental Plan Cost	\$	\$
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 368726	\$ 380383

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>112823</u>	\$ <u>113761</u>
32	Contributions as % of Total Insurance Cost	<u>31</u> %	<u>30</u> %

33 Identify any insurance changes that were included in this CNA.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Jessica Thompson
Position/Title: City Administrator/CFO
Signature: Jessica Thompson
Date: 10/4/17

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission
Conciliation and Arbitration
PO Box 429
Trenton, NJ 08625
Phone: 609-292-9898

Revised 8/2016